



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 9565

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/941,682	08/30/2001	705	3626	47777-0009

**APPLICANTS**  
 Christian Mayaud, New Canaan, CT;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/201,107 11/30/1998 PAT 7,072,840  
 which is a CON of 08/330,939 10/28/1994 PAT 5,737,539 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 09/20/2001

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /RACHEL L PORTER/ Examiner's signature	<input type="checkbox"/> Met after Allowance RP Initials	STATE OR COUNTRY CT	SHEETS DRAWINGS 16	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
---	---	---	---------------------------	--------------------------	----------------------	----------------------------

**ADDRESS**  
 ROBERT M. SCHWARTZ, P.A.  
 P.O. BOX 221470  
 HOLLYWOOD, FL 33022  
 UNITED STATES

**TITLE**  
 PRESCRIPTION MANAGEMENT SYSTEM

<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit